

LEW 17,133-3 (NASA Case No.)

Declaration, Power of Attorn y and Petition - Original Application

As a below named inventor, I hereby declare that: My residence, mailing address and citizenship, are stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

			· · · · · · · · · · · · · · · · · · ·		
the specification of which is attached her	eto, was file	d on (Date)		<u> </u>	
as Application Serial No.	and was ame	ended (Date)	· ·		
I have reviewed and understand the contents of referred to above.	the above identified	d specification, including the claims, as ame	ended by any amendme	ent ·	
acknowledge the duty to disclose to the Patent patentability as defined in 37 CFR §1.56.	and Trademark Off	ice all information which is known to me to	be material to		
I hereby claim the benefit under 35 U.S.C. §120 each of the claims of this application is not discled of 35 U.S.C. §112, I acknowledge the duty to dispatentability as defined in 37 CFR §1.56 which be international filing date of this application:	sed in the prior Uni close to the Patent	ited States application in the manner provided and Trademark Office all information known	led by the first paragra	to	
09/827,140 , <u>04/05/2001</u> , the (Serial No.) (Filing Date)	e status of which is	patented, pending,	abandoned.		
hereby claim priority benefits under Title 35, Uni	ted States Code §1	19(e) of any United States Provisional Appl	ications listed below:		
Provisional Serial No.) (Filing Date)	ne status of which is	s pending.		L	Z N
POWER OF ATTORNEY: I hereby appoint the for Patent and Trademark Office connected therewit	ollowing attorney(s) h:	to prosecute this application and to transact	ct all business in the		M ス
Registered practitioner(s) at Customer	Number <u>26311</u>	, OR		_ day	אַן
Registered practitioner(s) listed below:) of 	853
(Name)	(Reg. No.)	(Name)	(Reg. No.)	7	1671
(Name)	(Reg. No.)	(Name)	(Reg. No.)	-	25
(Name)	(Reg. No.)	(Name)	(Reg. No.)	-	
ADDRESS ALL CORRESPONDENCE TO:		DIRECT TELEPHONE CALLS TO:		ê \$	
Customer Number 26311	PONDENCE TO: DIRECT TELEPHONE CALLS TO: Per 26311 OR Telephone (Complete number to be dialed from USPTO):			Z	
Correspondence Address listed below:		Kent N. Stone (216)433-8855		(' '	on this
Name:			···	Stone	a lis

in this application a	nd has the irrevocable right to pros	ecute this application and to receive the pater	ıt.		
		•			
Wherefore, I pray ti	hat Letters Patent be granted to me	e for this invention or discovery described and	claimed in the foregoing		
specification and cl	aims, and I hereby subscribe my n	ame to the foregoing specification, claims, po	wer of attorney and this petition.		
		y own knowledge are true and that all stateme		ief	
		ents were made with the knowledge that willfu			
		, under 18 U.S.C. §1001; and that such willful	false statements may jeopardize	the	
validity of the applic	cation or any patent issuing thereor	n.			
FULL NAME	LAST	FIRST	MIDDLE OR INITIAL		
OF INVENTOR	Meador	Michael		N INTIAL	
RESIDENCE AND	CITY	STATE OR FOREIGN COUNTRY	A. COUNTRY OF CITIZENSHIP		
CITIZENSHIP	Strongsville	Ohio	USA		
MAILING	STREET NO. AND NAME	CITY AND STATE (OR COUNTRY)	ZIP CODE		
ADDRESS	197 47 W ildwood Lane	Strongsville, Ohio	44136		
SIGNATURE			DATE		
, 4	in hy D		7/7/203		
ELUL NAME	LAST	FIRST	MIDDLE OR INITIAL		
FULL NAME OF INVENTOR			William Strain S		
RESIDENCE AND	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
CITIZENSHIP		,	USA		
MAILING	STREET NO. AND NAME	CITY AND STATE (OR COUNTRY)	ZIP CODE		
ADDRESS				1	
SIGNATURE			DATE		
				¢	
FULL NAME	LAST	FIRST	MIDDLE OR INITIAL	1	
OF INVENTOR				uay of	
RESIDENCE AND	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSH	•	
CITIZENSHIP			USA	<u>-</u>	
MAILING	STREET NO. AND NAME	CITY AND STATE (OR COUNTRY)	ZIP CODE	k	
ADDRESS				[
SIGNATURE			DATE	4	
					
FULL NAME	LAST	FIRST	MIDDLE OR INITIAL	[
OF INVENTOR				× ×	
RESIDENCE AND	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSH	Kent N. Stone	
CITIZENSHIP			USA	z > 1	
MAILING	STREET NO. AND NAME	CITY AND STATE (OR COUNTRY)	ZIP CODE	SI	
ADDRESS				Stone	
SIGNATURE			DATE	6 U	